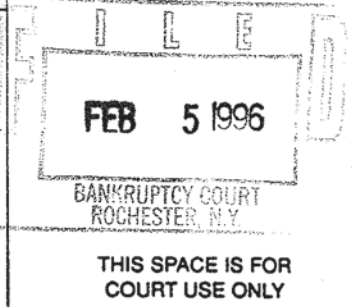


2.5.96

#26

United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>NY</u>		CHAPTER 11	
In re (Name of Debtor) <u>JAS CONVEYORS, INC.</u>		Case Number <u>95-22563</u>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>			
Name of Creditor <small>(The person or other entity to whom the debtor owes money or property)</small>		<input type="checkbox"/> Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and Address Where Notices Should be Sent <u>MOUNTAINWEST FINANCIAL CORP</u> <u>DBA: OFFICEMAX CREDIT PLAN</u> <u>PO BOX 7004</u> <u>SIOUX FALLS SD 57117</u>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone No. <u>800-210-5861</u>		<input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>6011-5831-0002-7092</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM			
<input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED <u>9-92</u>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>5576.53</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: <u>5576.53</u> \$ (Unsecured) \$ (Secured) \$ (Priority) \$ <u>5576.53</u> (Total)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			



6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. TIME-STAMPED COPY. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>1-17-96</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim. <u>MICHELE MESSERSCHMIDT by J. P. [Signature]</u> Michele Messerschmidt -- Bankruptcy Supervisor	

MOUNTAINWEST FINANCIAL CORP  
 DBA: OFFICEMAX CREDIT PLAN  
 PO BOX 7004  
 SIOUX FALLS SD 57117

**Print address and telephone number changes below and check box.**

TOTAL PAYMENT DUE THIS STATEMENT	PAST DUE AMOUNT	PAYMENT DUE DATE	NEW BALANCE	ACCOUNT NUMBER	PLEASE WRITE AMOUNT OF PAYMENT ENCLOSED
5576.53	5576.53	---	5576.53	6011 5831 0002 7092	\$

MOUNTAINWEST FINANCIAL CORP  
DBA: OFFICEMAX CREDIT PLAN  
PO BOX 7004  
SIOUX FALLS SD 57117

J & S CONVEYORS INC  
JOAN SMITH  
39 EAST MAIN STREET  
HONEOYE NY 14471

See Billing Rights Summary on reverse side.

ACCOUNT NUMBER	LINE OF CREDIT	CREDIT AVAILABLE	DAYS IN BILLING CYCLE	STATEMENT CLOSING DATE	PAYMENT DUE DATE	TOTAL PAYMENT DUE THIS STATEMENT
6011 5831 0002 7092	0	0			---	5576.53

[illegible]

AN AMOUNT FOLLOWED BY A MINUS SIGN (-) IS A CREDIT OR A CREDIT BALANCE.

Send Notice of  
Billing Errors to:

THE FINANCE CHARGE IS DETERMINED BY APPLYING A MONTHLY PERIODIC RATE OF:	WHICH IS AN ANNUAL PERCENTAGE RATE OF	TO THAT PART OF THE BALANCE SUBJECT TO FINANCE CHARGE UP TO	AND A MONTHLY PERIODIC RATE OF	WHICH IS AN ANNUAL PERCENTAGE RATE OF	TO THAT PART OF THIS BALANCE IN EXCESS OF	1. AVERAGE DAILY BALANCE OF PREVIOUS BILLING CYCLE PURCHASES	2. AVERAGE DAILY BALANCE OF CURRENT BILLING CYCLE PURCHASES